



## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/642395  
Filing Date:: 08/14/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 3731  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: SYSTEMS, METHODS AND DEVICES  
RELATING TO DELIVERY OF MEDICAL  
IMPLANTS  
Attorney Docket Number:: MIY-P01-024  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 92  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: S. H.  
Family Name:: Chu  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US

Street of mailing address:: 121 Browne Street  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02446

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Family Name:: Intoccia  
City of Residence:: Amherst  
State or Province of Residence:: NH  
Country of Residence:: US  
Street of mailing address:: 8 Conifer Lane  
City of mailing address:: Amherst  
State or Province of mailing address:: NH  
Postal or Zip Code of mailing address:: 03031

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: G.  
Family Name:: McGrath  
City of Residence:: Hudson  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 19 Ostego Drive  
City of mailing address:: Hudson  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01749

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: Wayne  
Family Name:: Robertson  
City of Residence:: Framingham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 5 Goodnow Lane  
City of mailing address:: Framingham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01702

#### **Correspondence Information**

Correspondence Customer Number:: 28120

#### **Representative Information**

Representative Customer Number:: 28120

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-provisional of	60/403,555	08/14/02
This Application	Non-provisional of	60/418,642	10/15/02
This Application	Non-provisional of	60/418,827	10/15/02
This Application	Non-provisional of	60/434,167	12/17/02
This Application	Non-provisional of	60/449,465	02/24/03
This Application	Non-provisional of	60/465,722	04/25/03
This Application	Non-provisional of	60/483,534	06/27/03

This Application	Continuation-in-part of	10/093,371	03/07/02
10/093,371 is a	Non-provisional of	60/274,843	03/09/01
10/093,371 is a	Non-provisional of	60/286,863	04/26/01
This application	Continuation-in-part of	10/093,398	03/07/02
10/093,398 is a	Non-provisional of	60/274,843	03/09/01
10/093,398 is a	Non-provisional of	60/286,863	04/26/01
This Application	Continuation-in-part of	10/093,424	03/07/02
10/093,424 is a	Non-provisional of	60/274,843	03/09/01
10/093,424 is a	Non-provisional of	60/286,863	04/26/01
This Application	Continuation-in-part of	10/093,450	03/07/02
10/093,450 is a	Non-provisional of	60/274,843	03/09/01
10/093,450 is a	Non-provisional of	60/286,863	04/26/01
This Application	Continuation-in-part of	10/093,498	03/07/02
10/093,498 is a	Non-provisional of	60/274,843	03/09/01
10/093,498 is a	Non-provisional of	60/286,863	04/26/01
This Application	Continuation-in-part of	10/094,352	03/07/02
10/094,352 is a	Non-provisional of	60/274,843	03/09/01
10/094,352 is a	Non-provisional of	60/286,863	04/26/01

### Foreign Priority Information

#### Assignee Information

Assignee name:: Scimed Life Systems, Inc.  
 Street of mailing address:: One Scimed Place  
 City of mailing address:: Maple Grove  
 State or Province of mailing address:: MN  
 Postal or Zip Code of mailing address:: 55311-1566